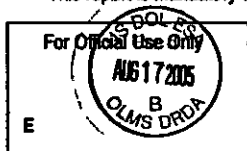


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U 8733	2. Fiscal Year Covered From 2 / 3 / 2004 Through 12 / 31 / 2004
3. Name and address of person filing Name Jonathan L Kane P.O. Box, Bldg. Room No. if any Street 451 Atkinson Drive City Honolulu State Hawaii ZIP Code +4 96814-4729	4. Name, file number, and address of labor organization Name Inlandboatmen's Union of the Pacific Labor Organization File Number 10915 P.O. Box, Building and Room Number if any Suite #D Street 1711 W Nickerson Street City Seattle State Washington ZIP Code +4 98119-
5. Position in labor organization. Trustee- Pension and Health & Welfa	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box, Bldg., Room No. if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Jonathan L Kane

On

08/10/05

Date

808-944-0611

Telephone Number

Name of Person Filing Jonathan Kane	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any) Name I B U National Pension Trust Trade Name if any: P O Box, Bldg Room No if any Suite 300 Street 1220 S W Morrison City Portland State Oregon ZIP Code + 4 97205-2222	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9.c is checked give trust or employer's name Name I B U National Pension Trust Trade Name if any: P O Box, Bldg Room No. if any Suite 300 Street 1220 S W Morrison City Portland State Oregon ZIP Code + 4 97205-2222	11 a Nature of such dealing Reimbursements for Trust Meeting Expenses 11 b Approximate dollar value of such dealing \$2 396 12 a Nature of interest held or income received 12.b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13.a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name: Trade Name if any: P O Box, Bldg Room No if any: Street: City: State: ZIP Code + 4:	14 a Nature of payment 14 b Amount of payment.
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Jonathan Kane	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any).

Name I B U National Health Benifit Trust

Trade Name if any

P O Box, Bldg Room No. if any Suite 300

Street 1220 S W Morrison

City Portland

State Oregon ZIP Code + 4 97205-2222

9 Business deals with

- ☐ a Labor Organization
- ☒ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name I B U National Health Benifit Trust

Trade Name if any

P O Box Bldg Room No. if any Suite 300

Street 1220 S W Morrison

City Portland

State Oregon ZIP Code + 4 97205-2222

11 a Nature of such dealing

Reimbursements for Trust Meeting Expenses

11 b Approximate dollar value of such dealing

\$1 948

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No., if any

Street

City

State ZIP Code + 4

14 a. Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.